APPLICATION/RESUME TO SERVE AS GUARDIAN AD LITEM FOR MAHONING COUNTY DOMESTIC RELATIONS COURT

120 Market St. Youngstown, OH 44503 PHONE (330) 740-2208 FAX (330) 740-2503

<u>INSTRUCTIONS</u>: Please read Rule 48 of the Ohio Rules of Superintendence and Local Rule 30 before completing this application.

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NAME:			
First M	iddle	Last	
OHIO SUPREM	IE COURT REG	GISTRATION NO.:	
OFFICE ADDR			
TELEPHONE N	NUMBER:	FAX NUMBER	
CELL PHONE	NUMBER:		
EMAIL ADDRI	ESS:		
FIRM NAME: _ ADMITTED TO	PRACTICE:		_
1. Year of Admis	sion to Ohio Bar:	:	
2. Other States w	here licensed and	l year of admission:	
requirements set	forth below, I ha	TISE: In addition to having obtained the ave the follow experience and expertise that der job as Guardian ad Litem:	
A. Maho B. Maho	ning County Dom ning County Juver umber of Cases v	where I have served as Guardian ad Litem in: nestic Relations Court enile Court/Other Courts where I have represented litigants in Family I	Law cases in

3. Any specialized education or training in social work:
4. Any other relevant experience:
QUALIFICATIONS:
I have read Rule 48 of the Ohio Rules of Superintendence and Local Rule 30 of this Court and understand its requirements.
I understand my obligation to attend an annual three (3) hour continuing education course provided by the above entities and notify the Court upon attendance of the same.
I have at least six (6) years experience in the practice of family law.
Within the past six (6)years, none of the following have occurred or are pending against me:
 criminal or civil domestic violence complaints or charges suspension of driver's license professional discipline complaints or sanctions personal bankruptcy filing
I attended the pre-service training program presented by the Ohio Guardian ad Litem Training Program on December 6, 2007 or on
OR
I have served as a Guardian ad Litem for this Court during the five years immediately preceding March 1, 2009 and commit to attending the pre-service training program provided by the Supreme Court of Ohio or the Ohio CASA/GAL Association.
FOREIGN LANGUAGE ABILITY: NO YES(Specify)
NAME OF MALPRACTICE INSURANCE CARRIER: Policy No.: Date of Expiration: Please attach photocopy of the face sheet from your policy verifying professional liability

coverage of at least \$100,000/\$300,000.

PLEASE READ CAREFULLY

I hereby apply to serve as a Guardian ad Litem for the Mahoning County Domestic Relations Court. I certify that I am familiar with all rules governing Guardian ad Litems including Ohio Rule of Superintendence 48 and Local Rule 30 and that I will abide by such rules.

I am unaware of any circumstances that would disqualify me from serving as Guardian ad Litem.

I hereby state that all of the above information is accurate.

I hereby agree to provide the Court prompt notice of any Complaint that may hereafter be filed against me with the Mahoning County Bar Association or the Supreme Court of Ohio and any disciplinary action taken by either entity.

Date:	: Signature:	
	Sworn to and subscribed before me, a Notary Public, this day 20	
	Notary Public	